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CONFIRMATION NO. 9907

SERIAL NUMBER 10/713,404	FILING OR 371(c) DATE 11/13/2003 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 47168-00245USPT
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APPLICANTS

Stephan S. Porter, Palm Beach Gardens, FL;
 Dan P. Rogers, North Palm Beach, FL;
 Ralph E. Goodman, West Palm Beach, FL;

** CONTINUING DATA *****

This appln claims benefit of 60/450,541 02/26/2003 and claims benefit of 60/425,976 11/13/2002 *ju*

** FOREIGN APPLICATIONS *****

NONE ju

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 9	TOTAL CLAIMS 70	INDEPENDENT CLAIMS 14
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>ju</i> Initials				

ADDRESS

30223

TITLE

Dental implant system

FILING FEE RECEIVED 2616	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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